

DONALD AND BARBARA  
ZUCKER SCHOOL OF  
MEDICINE  
AT  
HOFSTRA/NORTHWELL  
INITIAL CLINICAL  
EXPERIENCE  
(ICE)

Student Handbook

2021-22



DONALD AND BARBARA  
ZUCKER SCHOOL *of* MEDICINE  
AT HOFSTRA/NORTHWELL

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# Introduction and Context

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## FIRST 100 WEEKS

The First 100 Weeks is an integrated curriculum with eight courses inclusive of both scientific and clinical content. The first seven courses have three components:

1. **Mechanisms of Health, Disease, and Intervention**

Mechanisms of Health, Disease, and Intervention includes normal and abnormal molecular, cellular, and organ physiology, as well as pharmacology and therapeutics.

2. **Structure**

Structure integrates normal and abnormal anatomy, embryology, histology, pathology, imaging, physical diagnosis and ultrasound.

3. **Patient, Physician, and Society**

Classroom sessions focusing on non-biological sciences and core clinical skills.

During the First 100 Weeks, students partake in a longitudinal, community practice-based clinical experience, known as the **Initial Clinical Experience (ICE)**

The following is an image of the First 100 weeks, which equates to the first half or first 2 years of medical school:

# Curriculum Overview: The First 100 Weeks



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## First 100 Weeks: Years 1 and 2

Curricular Components	From the Person to the Professional: Challenges, Privileges, and Responsibilities	The Biologic Imperative (BI)	Continuity and Change: Fueling the Body (FTB)	Continuity and Change: Homeostasis (HOM)	Interacting with the Environment (IE)	Host Microbe Interactions (HMI)	The Human Condition (HC)	USMLE Step 1 Independent Study Period	TRANSITIONS
<p>Mechanisms of Health, Disease, and Intervention (MHD) Physiology, Pathophysiology, Pharmacology, Therapeutics</p> <p>Structure Anatomy, Pathology, Embryology, Histology, Imaging, Bedside Ultrasound</p> <p>Patient, Physician, and Society (PPS) Curricular Themes and Drivers*</p>	<p>Form and Function in Health and Disease, Principles of Pharmacology, Core Clinical Skills</p> <p>Reflection, Integration, and Assessment (RIA)</p>	<p>Cell, Molecular, and Developmental Biology, Genetics, Reproductive and Endocrine Systems, Cells of Hematologic System</p> <p>Reflection, Integration, and Assessment (RIA)</p>	<p>Metabolism, Gastrointestinal System</p> <p>Reflection, Integration, and Assessment (RIA)</p>	<p>Cardiac, Pulmonary, Renal Systems</p> <p>Reflection, Integration, and Assessment (RIA)</p>	<p>Immunology, Rheumatology, Musculoskeletal System</p> <p>Reflection, Integration, and Assessment (RIA)</p>	<p>Microbiology, Microbiome, Infectious Disease</p> <p>Reflection, Integration, and Assessment (RIA)</p>	<p>Nervous System, Brain and Behavior</p> <p>Reflection, Integration, and Assessment (RIA)</p>		
Required Clinical Experiences	EMT Training and Certification	Initial Clinical Experience (ICE I) Medicine, Obstetrics and Gynecology, Surgery			Initial Clinical Experience (ICE II) Pediatrics, Psychiatry				

\*Themes: Communication Skills, Physical Diagnosis, Professionalism  
Drivers: Continuum of Care, Decision-Making under Conditions of Uncertainty, Quality and Effectiveness, Scientific Discovery, Social Context/Responsibility

The First 100 Weeks is an integrated curriculum built upon experiential and active small group case-based sessions and early meaningful patient interactions. The First 100 Weeks is composed of seven core courses, inclusive of biomedical, clinical, and social sciences, EMT training and certification, two longitudinal clerkships, a six-week independent study period to prepare for USMLE Step 1, and a transition course to help prepare students for the Second 100 Weeks. The seven core courses each include three curricular components: (1) Mechanisms of Health, Disease, and Intervention (MHD); (2) Structure; and (3) Patient, Physician, and Society (PPS). The MHD component includes normal and abnormal molecular, cellular, and organ physiology, scientific discovery, as well as pharmacology and therapeutics. The Structure component of each course integrates normal and abnormal anatomy, pathology, embryology, histology, imaging, and bedside ultrasound. The PPS component of each course is comprised of the social sciences, inclusive of the five curricular drivers, and core clinical skills, inclusive of the three curricular themes. In addition to required coursework, there is sufficient time during the First 100 Weeks for in-depth pursuit of individual interests, such as research, community service, certificate programs and international health.

## ICE Contacts

### ICE Personnel

<p>Sunita Cheruvu, MD <a href="mailto:Sunita.Cheruvu@hofstra.edu">Sunita.Cheruvu@hofstra.edu</a> (516) 463-7585</p>	<p>Co-Director, Ambulatory Clerkships</p>
<p>Michael Parrish <a href="mailto:Michael.C.Parrish@hofstra.edu">Michael.C.Parrish@hofstra.edu</a> Work: (516) 463-7531 Fax: (516) 463-5547</p>	<p>Program Manager, Ambulatory Clerkships</p>

## Hospital Site Directors

Site	Site Directors		
LIJ Valley Stream	Richard Schwarz, MD <a href="mailto:RSchwarz@northwell.edu">RSchwarz@northwell.edu</a> 718-470-7858	Corey Karlin-Zysman, MD <a href="mailto:CKarlin@northwell.edu">CKarlin@northwell.edu</a> (516) 256-6100	
Forest Hills	Teresa Amato, MD <a href="mailto:tamato@northwell.edu">tamato@northwell.edu</a> (718) 830-4167	Isabella Park, DO <a href="mailto:ipark1@northwell.edu">ipark1@northwell.edu</a> (718) 830-4001	
Glen Cove Hospital	John Sheehy, MD <a href="mailto:jsheehy@Northwell.edu">jsheehy@Northwell.edu</a> (516) 676-7116	James Mumford, MD <a href="mailto:JMumford@northwell.edu">JMumford@northwell.edu</a> (516) 674-7619	
Huntington Hospital	Michael Grosso, MD <a href="mailto:MGrosso@Northwell.edu">MGrosso@Northwell.edu</a> (631) 351-2609	Mitchell S. Kramer, MD <a href="mailto:MKramer2@Northwell.edu">MKramer2@Northwell.edu</a> (631) 470-8940	Robert Scanlon, MD <a href="mailto:Rscanlon@northwell.edu">Rscanlon@northwell.edu</a> (631) 229-5002
Plainview Hospital	Morris Rabinowicz, MD <a href="mailto:MRabinow@Northwell.edu">MRabinow@Northwell.edu</a> (516) 935-7333	Alan Mensch, MD <a href="mailto:AMensch@Northwell.edu">AMensch@Northwell.edu</a> (516) 719-2356	
South Nassau Communities Hospital	Samuel Sandowski, MD <a href="mailto:SSandowski@snch.org">SSandowski@snch.org</a> (516) 255-8414	Adhi Sharma, MD <a href="mailto:Adhi.Sharma@snch.org">Adhi.Sharma@snch.org</a> (516) 632-3999	
Southside Hospital	Neubert Philippe, MD <a href="mailto:nphilippe@Northwell.edu">nphilippe@Northwell.edu</a> (631) 968-3295	Jeetinder Gujral, MD <a href="mailto:jgujral@northwell.edu">jgujral@northwell.edu</a> (631) 708-5921	Giancarlo De Carolis, MD <a href="mailto:gdecarolis@northwell.edu">gdecarolis@northwell.edu</a> (516) 672-4024

## Initial Clinical Experience: Overarching Goals & Objectives

**GOALS:** In the ICE program, the student:

- Experiences meaningful hands-on patient encounters in the context of community-based clinical practices.
- Builds longitudinal relationships with patients, preceptors, peers and the interprofessional healthcare team.
- Actively participates in first encounters with patients with as yet undifferentiated clinical conditions and others with chronic conditions that evolve over the first 100 weeks.
- Integrates, both intellectually and practically, classroom work in the basic and social sciences with the care of individual patients and of populations.
- Experiences the “system” in action through the eyes of patients.

**OBJECTIVES:**

### **Patient Care (PC)**

By the end of ICE, the student will be able to:

1. Assess and begin to develop an approach to diagnosing patients who present to the ambulatory setting;
2. Appreciate uncertainty in the diagnostic process;
3. Perform comprehensive histories, inclusive of Functions 1 and 2, as well as Hofstra “Core” physical exams;
4. Begin to perform problem-focused histories and physical exams;
5. Perform a mental status exam;
6. Follow-up on patient results of basic labs and additional tests;
7. Begin to select common laboratory and radiologic tests in a diagnostic work-up;
8. Interpret lab and other test results under supervision;
9. Demonstrate basic skills in patient education;
10. Define preventive measures in the ambulatory setting;

### **Medical Knowledge (MK)**

By the end of ICE, the student will be able to:

1. Describe the pathophysiology, expected clinical findings, differential diagnosis, risk factors, and management of the conditions listed above under “Patient Care.”
2. Describe indications, dosage, contraindication, and side effects of commonly used medications in the ambulatory care setting;
3. Describe the variables that account for diversity of presentation, including gender, genetics, age, and duration of illness;
4. Use deductive reasoning to solve basic clinical problems (i.e. clinical reasoning)
5. Describe the indications, contraindications, and cost-effectiveness of common diagnostic and therapeutic modalities;
6. Describe the operating characteristics (sensitivity, specificity, positive and negative predictive values, and likelihood ratios) for diagnostic tests;
7. Explain the rationale/justify the management of patients.

### **Interpersonal and Communications skills (IPCS)**

By the end of ICE, the student will be able to:

1. Communicate effectively with patients, family members, and other members of the health care team;
2. Identify cultural forces and communication issues affecting each patient’s care;
3. Demonstrate a compassionate and nonjudgmental approach when caring for patients;
4. Present cases in both oral and written formats in a complete and organized fashion;
5. Frame a question for a referral to another physician;
6. Educate and ensure patients’ comprehension of their medical conditions including diagnostic, therapeutic and preventative plans.

### **Systems-based Practice (SBP)**

By the end of ICE, the student will be able to:

1. Define “quality” in terms of patient care;
2. Assist patient and families in dealing with system complexities;

3. Begin to understand and navigate different systems of care along the healthcare continuum;
4. Understand the roles and expertise of the various interdisciplinary team members within the ambulatory setting and when to call on them for help;
5. Appreciate how cost plays a role in the care of a patient; and
6. Recognize the systems of care of a patient during off hours.

### **Practice-based Learning and Improvement (PBLI)**

By the end of ICE, the student will be able to:

1. Use information technology to access background and foreground resources and self-directed learning in the care of patients;
2. Develop a question in the PICO format in the care of patients;
3. Reflect on his or her performance and be responsive to feedback;
4. Appreciate the role of quality and safety in the care of patients;
5. Recognizes the scope and potential for medical error and considers approaches to reducing them.

### **Professionalism (PROF)**

By the end of ICE, the student will be able to:

1. Adhere to the Hofstra “Student Code of Conduct”
2. Provide and be receptive to feedback.

### **Research and Scholarship (RS)**

By the end of ICE, the student will be able to:

1. Identify conflicting views presented in different texts and sources of information;
2. Investigate different sources of information in to order to assess which is likely to be more accurate to address questions related to normal physiology, disease pathogenesis, public health, and health care delivery;
3. Begin to interpret data and adjusts hypotheses based on conflicting/contradictory evidence;
4. Appreciate the potential of conflict-of-interest to evaluate research studies and media.

### **Population Health (PH)**

By the end of ICE, the student will be able to:

1. Identify appropriate channels to report infectious diseases, emerging diseases and side effects, as well as public health concerns;
2. Appreciate the importance of an individual's culture or community in caring for a patient (i.e. cultural competence);
3. Appreciate socioeconomic barriers;
4. Appreciate the cultural and linguistic needs of patients, including appropriate use and documentation of interpreter services.



## GETTING STARTED: ASSIGNMENT AND CONTACTING YOUR PRECEPTOR

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In the MS 1 year, you are matched with three (3) preceptors: Medicine, OB/GYN and Surgery. In the MS 2 year, you are matched with a pediatrician. Late in the MS 2 year, all students are involved in Psych ICE at Zucker-Hillside Hospital or other psychiatric facilities in the Northwell Health System.

Once you receive your preceptor's name, you should **contact your preceptor** to finalize plans to visit his/her office. Please contact via email first and if that does not yield a response in 2-3 days, follow up with a phone call. **If you have any difficulty** getting in touch with your preceptor, please reach out to Michael Parrish ([Michael.C.Parrish@hofstra.edu](mailto:Michael.C.Parrish@hofstra.edu)) immediately.

## SITE ASSIGNMENTS

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### Question: How are students assigned to ICE sites?

Multiple factors are taken into consideration to maximize each student's experience in ICE. Criteria taken into consideration include, but are not limited to:

- Gender (e.g. OB/GYN)
- Languages spoken
- General geographic radius (as permitted based on student and preceptor ratios)
- Preceptor hours compatible with student schedules

We recognize that there is variability in student commute time to ICE sites. Students that are placed at farther ICE sites (Southside or Huntington) during MS1 year are prioritized to be at closer sites (Zucker) for Psychiatry ICE. The only exception is for student-generated specialty requests (e.g. Child Psych).

On that note, we welcome recommendations of preceptors you have come across thus far as potential recruits to our program.

## DAY 1 IN THE OFFICE: FIRST VISIT

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Day 1 will set the tone for ICE. The following are recommended as an orientation to the office:

- Spend time getting to know your preceptor. Expect that he/she will want to get to know you.
- Introduce yourself to **everyone** in the office. You are now part of their team.
- Exchange contact information. **ASK YOUR PRECEPTOR:** What is your PREFERRED mode of contact? Cell phone, text, email, telephone, office manager?
- Ask your preceptor to show you a place to stay and a place to keep your personal belongings.
- Discuss the usual flow of the afternoon.
- Discuss planned dates for future attendance. It is preferred that you stick with a day of the week that you go to your preceptor's office.
- **ASK YOUR PRECEPTOR** about his/her expectations:

- Arrival time and departure time
- Documentation procedures within office
- Follow-up of patients seen

## ABSENCES/LATENESS

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**Question: What should I do if I am sick or have an emergency and cannot go on an expected day? Who should I contact?**

Please note: All missed ICE sessions must be made up.

Acceptable reasons to change your ICE session are: personal/family emergencies, not feeling well, and unforeseeable circumstances (should be discussed with both your preceptor and ICE team).

**Contact your preceptor as soon as you know you will not be able to attend the scheduled ICE session. If you are running late to ICE, as a gesture of professionalism, notify your preceptor as soon as possible.**

If you need to change MORE THAN TWO Ice sessions, we expect that you will discuss why you need to make frequent changes with your ICE Preceptor as well as inform Michael Parrish (Program Manager).

**Question: Am I expected to go to ICE if the SOM is closed due to weather?**

If there is a weather-related closure for the school of medicine, you can't attend ICE. Your safety is our priority. Please contact your preceptor to re-schedule since you will be expected to make-up the session.

## SCHEDULE, OFFICE LOGISTICS & STUDENT CODE OF CONDUCT

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**Question: Will I be visiting every preceptor every week?**

No. Because you will be interacting with several different community preceptors, you will be following a *schedule* which can be found on pages 34 and 35. The schedule details the week in which you are scheduled within each discipline. ***The specific day of the week in which you are supposed to visit each preceptor is decided on by the preceptor.*** Any afternoon is open with the exception of MD/PhD students, who must leave Tuesday (MS 1) available. This is a minimal schedule and we do not limit you spending more time, within reason, in the office in addition to what is expected based on the ICE calendar.

When ***a longitudinal patient*** makes an appointment to return to the office, **we hope that you will be able to follow the patient even if they are scheduled for a day in which you were not previously scheduled to be there.** You should try to work with the staff and patient to coincide the patients return date with the date you are planned to be there if this is possible. If not, please ask your preceptor if you can switch your original date for that particular week so that you can be present to see your patient again. If you have questions about whether or not it is advisable to attend, please ASK.

**\*\*Please note that we have 2 Flex Weeks in the MS 1 year and 3 Flex Weeks in the MS 2 year.** Please see the ICE calendars [here](#). You will be given the flexibility to schedule whichever ICE discipline you are interested in. If there is a particular field of interest to you, please get in touch with the ICE Team to discuss opportunities. Additionally, if there is a preceptor you are interested in working with, let us know so that we can ensure that he/she has a faculty appointment. Please communicate with your preceptor about these Flex Weeks ahead of time, since you may choose to gain additional experience in their discipline during these weeks (i.e return to a preceptor you have already worked with in medicine, ob/gyn, surgery, pediatrics).

A Flex opportunity is an ‘elective’ option for students where you can choose a specialty, subspecialty field of interest and commit the designated time in a clinical setting where there will be delivery of patient care. (This does not include research/clinical research related time spent).

*\*If you are uncertain if your experience counts as a flex opportunity, please refer to Dr. Sunita Cheruvu.*

### **Question: How does my preceptor attest to my attendance at ICE?**

Your preceptor is expected to sign off on your attendance card the day of your ICE session. No email confirmations of attendance will be accepted.

### **Question: Will I spend any time with the rest of the office staff?**

Beyond caring for patients, your preceptor also runs a practice and you, as the student, are part of that practice. As such, we expect students to be part of the office experience as well and spend time with other people in the office, including:

- Nurses and physician extenders to understand immunizations, vital signs, chief complaints, screening, etc.
- Medical assistant/Lab tech to learn about procedures including but not limited to phlebotomy, vaccines/shots, EKG’s, PFT’s, etc.
- Medical billers to learn more about health care financing
- Front desk to learn more about the check-in and check-out process

## Question: Is there a policy on Faculty Supervision?

To ensure patient, provider, and student safety, the Zucker School of Medicine ensures the presence of qualified faculty members for the teaching, training and on- and off-site supervision of students during required clinical activities. Faculty members are empowered to determine the level of appropriate supervision for medical student patient care duties.

- o <https://medicine.hofstra.edu/policy/policy-clinical-supervision.html>

*\*\*\*On that note, if there is anything of concern to you that occurs, please speak to your Site Director and/or ICE team ASAP.*

## Question: Is there a code of conduct that the students must adhere to?

Yes, there is a student code of conduct that we expect all students to adhere to. It is outlined below:

### Student Code of Conduct

#### For Medical Students Participating in the Initial Clinical Experience (ICE)

#### When working with my preceptor, I will:

- Arrive promptly.
- Accurately represent my position and role as a student.
- Appreciate the limits of my role as a student.
- Respects patients' rights to refuse to have students present.
- Treat all patients, others accompanying patients, and staff with respect and dignity, regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
- Maintain strict confidentiality and privacy about patient information.
- Maintain honesty and integrity by being forthright in my interactions with patients, peers, physician supervisors and staff.
- Ensure patient safety by remaining at home if I am ill; I will notify my preceptor of ANY absence with the understanding that I will make up all absences.
- Report concerns about patient safety to my preceptor.
- Behave in an appropriate, professional, courteous manner at all times.
- Not initiate or accept patients' invitations to engage in social or social media relationships.
- Dress and act professionally.

- Not abuse drugs or alcohol.
- Be aware of and follow the guidelines of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and of the setting in which I am a student.

**Adapted from:** <https://www.aamc.org/download/356316/data/shadowingguidelines2013.pdf>

## PATIENT SELECTION

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### **Question: What are the characteristics of the “right” patient?**

The “right” patient is simply a patient who is willing to share his/her story with you, the student, and to have a student participate in his/her care. This means that ANY patient with ANY medical issue represents a great opportunity to learn.

### **Question: How should I introduce myself to patients?**

The introduction will likely come from the preceptor. When meeting your patient for the first time, be sure to inform the patient that you are a medical student working with Dr. X.

## ICE CLINICAL LEARNING OBJECTIVES/ONE45 LOGS

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### **Question: Are there specific ICE Clinical Learning Objectives (CLOs) that I should complete?**

The ICE CLOs are aligned with your classroom curriculum. They can be met in any ICE discipline, as applicable. Some of these objectives will recur in subsequent courses. Please refer to the following [page](#) for your ICE CLOs organized by course as well as discipline.

### **Question: What do I log into one45? Should I log patient encounters that meet objectives from a previous course?**

You should log any encounter that meets one of the objectives listed, even if it is from a previous course. Please note, you CAN fulfill more than 1 objective in a single patient encounter. The patient logs provide evidence that you are encountering all of the ICE clinical learning objectives/tasks required. The goal is for you to be able to interact and log all objectives by the end of your ICE experience. Each student can see if they are meeting their objectives by reviewing their Expectation Grids (click [here](#) for more information).

### **Question: Is it an expectation that I complete each CLO by the end of the course?**

Yes. That is the expectation. By the end of MS 1 year, you are required to have completed all of the expected CLOs from BI, FTB and HOM. By the end of MS 2 year, you are required to have completed all of the expected CLOs from IE, HMI and HC.

**Question: I wasn't able to complete all of my ICE clinical learning objectives, what should I do?**

You should have the opportunity to complete the clinical learning objectives within the course. Please clarify with your preceptor what is remaining so they can help facilitate opportunities. If you complete the course with outstanding objectives, you are expected to complete these CLOs in addition to the list of CLOs for the subsequent course.

**Question: How should I document my patient interactions while in the preceptor's office?**

We encourage you to document your encounters with patients within the office charts (depending on the Electronic Medical Record [EMR] that the office you are assigned to has). Your notes must be reviewed and co-signed by your preceptor. If the EMR does not have the capability for students to write notes, please hand write or type on the computer a note and review it with your preceptor. A hand-written or typed note would not be included in the medical chart and therefore would not need to be signed by the preceptor.

## **EDUCATIONAL PASSPORT/EXPECTATION GRID**

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**Question: What is the purpose of the Educational Passport?**

The Educational Passport is for self-directed tracking of objectives/tasks completed during ICE.

This passport will serve many functions including:

- a. provide **structure to your ICE experiences** by mapping objectives matched with your classroom content
- b. serve as a **conversation starter** with your preceptors
- c. allow you to **keep inventory** of completed objectives for self-reflection/self-critique
- d. **documenting/journaling** patient encounters and experiences

Since you will be expected to log your clinical learning objectives in One45, it is not mandatory that you check the boxes in the passport also. The Educational Passport is meant to be something easier and handheld for you to reference.

**We expect that you will continue to practice AND log these objectives in subsequent clinical encounters.**

### **Question: Who reviews my Educational Passport?**

This passport will be reviewed by your:

- Site Directors - at your 1:1 site director meetings
- ICE preceptors – any opportune time

Please request them to sign your passport anytime they review your completed objectives in the section labeled “Faculty Check-In”

### **Question: Does my preceptor have to sign-off on EACH completed objective?**

No. This is a self-report for your records. You should complete the objective, practice, reflect and find areas for improvement before signing off on an item.

### **Question: What happens if I lose my Passport?**

The goal is to retain your passport throughout Medical School and beyond. Please complete the “if found” section with your detailed contact information. If you do happen to misplace/lose your passport, please reach out to Michael Parrish ([Michael.C.Parrish@hofstra.edu](mailto:Michael.C.Parrish@hofstra.edu) 516-463-7531).

### **Question: What is the purpose of the Expectation Grid?**

The ICE Expectation Grid can be tracked in multiple ways, including course, discipline, or inclusive of all the ICE objectives for the First 100 weeks. Your expectation grid will keep track of the *number* of times you logged a specific objective. Please note that there are minimal log entries required for each CLO per course (i.e. You are expected to perform certain CLOs in each course at least once). For example, if you are expected to ‘obtain a history of present illness’ once PER COURSE in BI (Biologic Imperative), FTB (Fueling the Body) and HOM (Homeostasis) and you have done 3 in BI; you still have to complete it at least once in FTB and then again once in HOM.

### **Question: Which should I review with my preceptors, site directors and family heads – my educational passport or my expectation grid?**

Your site directors will have the expectation grid for your meeting. We will print this out for them ahead of time. The expectation grid will give you the number of times you logged a specific objective.



## TYPES OF PATIENT EXPERIENCES

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### Question: What constitutes a typical afternoon schedule?

Each week, you are scheduled to spend an afternoon in one practice (1-5pm, 2-6pm preferably; but variants may occur). Your own preceptor will let you know the exact timing for his/her office.

During each afternoon, we expect you to see two types of patients:

- **New visit (Full history and physical):** complete history and performance of a physical exam. This could be a “new” patient to the office or simply a “new” patient for you.
- **Focused visit:** Please see below...

On some weeks as detailed above, you will pick up a **longitudinal** patient. This is detailed below.

### Episodic Care: Full History and Physical

During each half-day session in the office, you should try to see *at least* one patient comprehensively, meaning that you should have enough time with a patient to obtain a complete history and perform a physical exam. Many preceptors suggest that patients seen as “**new**” are ideal for this type of encounter, though certainly, many other patients are happy to share their stories with you.

### Episodic Care: Focused Visit

In addition to a comprehensive encounter, you should also have the opportunity to see multiple patients for shorter, focused encounters. What you accomplish in these shorter encounters should mirror what your preceptor would accomplish with the patient. For example, you may assess a patient after beginning a medication regimen for hypertension or you may see a patient who comes in for a cough. Before your preceptor completes a full evaluation, you may go in to see the patient and obtain a history of the cough.

### Longitudinal Patients

One of the most important relationships that we expect will evolve during ICE is that of the student with his or her longitudinal patient(s). The importance of longitudinal care and of the opportunity to learn from longitudinal involvement with patients is evident to anyone in the practice of medicine. ICE affords you the opportunity to capture and cultivate that relationship. Several patient types have been specifically selected to allow you to experience a spectrum of clinical conditions that evolve over the first 100 weeks. At a **minimum**, these include:

FIRST YEAR STUDENTS		
Longitudinal Patient	Discipline	Initial Encounter
An elderly patient with multiple medical problems	Medicine	October

A pregnant woman ideally in 3 <sup>rd</sup> trimester	OB/GYN	October
A patient requiring surgery (pre-op, operative and post-op encounters)	Surgery	January
A patient with a cardiovascular, pulmonary, or metabolic issue	Medicine	January
<b>SECOND YEAR STUDENTS</b>		
A newborn baby	Pediatrics	September

A longitudinal experience is defined as a patient having been seen in at least two different settings and/or at a follow-up visit. You should plan to follow these patients as closely as possible.

### **Longitudinal Patient: “Whole Illness Episode”**

Longitudinal care can occur over a period of time but can also occur over the span of an illness. For instance, if you were to see a patient in the office for evaluation and treatment of otitis media and was scheduled to return for follow-up, it would be optimal for you to return when the patient does.

This allows you to experience the “system” in action through the eyes of the patient. You become an important member of the patient’s “health care team”.

**Question: When will I have time to see longitudinal patients outside of the usual afternoon session? Can I ever miss class for ICE?**

The simple answer is: self-directed learning. Outside of CPR, class time is scheduled for approximately 22 hours per week. Outside of that time, you have “self-directed” learning time during which you are free to see patients. In conjunction with the ICE Team, you will decide which visits to prioritize.

Regarding missing class, the rule of thumb is: birth or death. When your longitudinal OB/GYN patient (a woman who is pregnant) goes into labor, you may miss class. In addition, if there is ever a time when a patient you have been following is near death, you may miss class to visit.

**Question: What are the ways I can follow-up on a patient?**

Patient follow-up is key in the practice of medicine. When you have an encounter with a patient, there are many opportunities to facilitate “closing the loop” regarding that patient. The following image represents a few ways this can be done.

**Patient follow up after the initial encounter can be provided in multiple ways to facilitate “closing the loop”:**

- Reviewing ordered labs and/or imaging
- Discussion of recommendations made by consultants
- Coordinating a follow up appt. with the patient when you are there
- Following up on your patient via phone with your preceptor’s permission

**Patient Follow-Up Loop**



## ICE CLINICAL LEARNING OBJECTIVES

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*To offer guidance in patient selection in your office setting, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell suggests that students have patient encounters in which they can meet/complete the following clinical learning objectives/tasks over the course of the first 100 weeks of medical school. Please note that it is an expectation that all procedures are done under observation. Students will be entering this information into their "Patient Logs" and will be given periodic feedback.*

**A longitudinal experience is defined as a student having more than two clinical encounters with a patient separated from one another by either a change in venue and/ or a follow-up visit. It is intended to span the patient's health continuum from pre-diagnosis through diagnosis and management.**

## PATIENT SELECTION FOR MEDICINE INITIAL CLINICAL EXPERIENCE

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### ICE Medicine Clinical LO's

Over the course of the year, we expect that students will interview and examine patients in order to meet/complete the following clinical learning objectives/tasks:

1. Obtain a Complete History with Agenda Setting
2. Obtain a History of Present Illness
3. Obtain a Sexual History
4. Generate a Differential Diagnosis
5. Observe Delivery of Emotionally Challenging News
6. Conduct a Core Physical Exam
7. Conduct a Thyroid Exam
8. Conduct a Pelvic Exam (Predominantly done in OB/GYN)
9. Conduct a Breast Exam (Predominantly done in OB/GYN)
10. Document a History of Present Illness
11. Identify a Screening Test for a Patient to your Preceptor using [healthfinder.gov/myhealthfinder](http://healthfinder.gov/myhealthfinder)
12. Obtain an Interval History
13. Obtain a Nutrition History
14. Obtain a Nutrition History and Identify an Area for Intervention
15. Observe/Conduct a Pre-Operative Assessment (Predominantly done in Surgery/ObGyn)
16. Observe/Conduct a Post-Operative Assessment (Predominantly done in Surgery/ObGyn)
17. Provide Counseling to a Patient with Diabetes
18. Use Teach-Back with a Patient when Providing Patient Education
19. Conduct a Hypothesis Drive Physical Exam for a Patient with Diabetes
20. Conduct an Abdominal Exam
21. Administer a Depression Screen PHQ-2/9
22. Obtain Manual Orthostatic Blood Pressure Measurements
23. Administer an Audit Screen (SBIRT)
24. Educate a Patient on a New Rx

25. Perform Medication Reconciliation and Adherence
26. Assist your preceptor in writing a Rx
27. Discuss Smoking Cessation with a Patient
28. Create a Brief Action Plan (BAP)
29. Conduct a Cardiac Exam
30. Conduct a Pulmonary Exam
31. Document a Physical Exam

# PATIENT SELECTION FOR **OB/GYN** INITIAL CLINICAL EXPERIENCE

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## **OB/GYN ICE Clinical LO's**

Over the course of the year, we expect that students will interview and examine patients in order to meet/complete the following clinical learning objectives/tasks:

1. Obtain a Complete History with Agenda Setting
2. Obtain a History of Present Illness
3. Obtain a Sexual History
4. Generate a Differential Diagnosis
5. Observe/Conduct a Pre-natal/Post-partum Assessment
6. Observe Delivery of Emotionally Challenging News
7. Conduct a Core Physical Exam
8. Conduct a Thyroid Exam
9. Conduct a Pelvic Exam
10. Conduct a Breast Exam
11. Document a History of Present Illness
12. Identify a Screening Test for a Patient to your Preceptor using [healthfinder.gov/myhealthfinder](https://healthfinder.gov/myhealthfinder)
13. Obtain an Interval History
14. Obtain a Nutrition History
15. Observe/Conduct a Pre-Operative Assessment
16. Observe/Conduct a Post-Operative Assessment
17. Provide Counseling to a Patient with Diabetes
18. Use Teach-Back with a Patient when Providing Patient Education
19. Conduct a Hypothesis Driven Physical Exam for a Patient with Diabetes
20. Conduct an Abdominal Exam
21. Observe a Delivery (NSVD/C-Section)
22. Administer a Depression Screen PHQ-2/9
23. Complete a Healthcare Proxy
24. Observe a Surgical Procedure
25. Administer an Audit Screen (SBIRT)

Please refer to Appendices **B** and **C** for more information about OB/GYN ICE

# Patient Selection for **SURGICAL** Initial Clinical Experience

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## Surgery ICE Clinical LO's

**Depending on a surgeon's practice, different chief complaints will be appropriate.**

Over the course of the surgical experience, we expect that students will meet/complete the following clinical learning objectives/tasks:

1. Obtain a History of Present Illness
2. Generate a Differential Diagnosis
3. Observe/Conduct a Pre-Operative Assessment
4. Observe/Conduct a Post-Operative Assessment
5. Conduct a Core Physical Exam
6. Observe a Surgical Procedure with a Surgical Preceptor

# Patient Selection for PEDIATRIC Initial Clinical Experience

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## Pediatric ICE Clinical LO's

Over the course of the Pediatric ICE experience, we expect that students will interview and examine patients in order to meet/complete the following clinical learning objectives/tasks:

1. Obtain a Complete History with Agenda Setting
2. Obtain a History of Present Illness
3. Obtain an Interval History
4. Obtain a Sexual History
5. Generate a Differential Diagnosis
6. Educate a Patient on a New Rx
7. Obtain a Pediatric Developmental History
8. Obtain a Nutrition History and Identify an Area for Intervention
9. Interpret BMI Percentile on a Growth Chart
10. Conduct a Pediatric Physical Exam
11. Perform an Oral Patient Presentation
12. Conduct a Pediatric HEENT Exam
13. Document a History of Present Illness
14. Administer a HEEADSSS Screen + CRAFFT
15. Document a Pediatric Physical Exam
16. Identify a Screening Test for a Patient to your Preceptor using [healthfinder.gov/myhealthfinder](https://healthfinder.gov/myhealthfinder)
17. Use of Health Education Material to Discuss recommended Vaccines with a Patient or Family



## ROLE OF PRECEPTOR AND PATIENT LEARNING OBJECTIVES

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### Question: What is the role of the ICE preceptor?

Your ICE preceptor is there to introduce you to the world of ambulatory medicine. After setting expectations within their practice, we expect that you will be seeing and speaking to patients under the direct observation of your preceptor. It may take a few sessions before your preceptor feels comfortable with this.

### Question: Do the preceptors know what I am learning in the classroom?

We think of the community preceptors' practices as being a clinical complement to the classroom. In order for them to understand the material that is being focused on in the classroom, the School of Medicine sends out a *weekly* email with a description of what students are learning in the classroom. You can also start the conversation with your preceptor on what you are learning in the classroom.

### Question: Should I have some opportunity to watch my preceptor interacting with patients?

The answer is yes! Though we emphasize a "hands-on experience", we also know how important directed observation is in a student's growth. This is the time to see how someone who is an expert performs. Your preceptor will ask you to watch him/her....

- ...deliver bad news
- ...examine a patient's knee
- ...discuss results of the patient's stress test
- ...educate the patient about new onset diabetes
- ...educate the patient on lifestyle modifications

The list can go on and on and will depend on the patients.

***\*\*Be sure to discuss the observation with your preceptor after the observation\*\****

**Question: Will I be observed and given feedback by my preceptors?**

Yes. Expect that your preceptor will observe you periodically and will offer feedback. Your preceptor will also complete an assessment of you. You can also ask for feedback.

With all of this said, realize that much of the feedback you receive on your evolving clinical skills will come from interactions with standardized patients at CLI. We call this a “distributed learning” model with “centralized assessment.”

**Question: How can I begin to “think” as a doctor?**

Our curriculum is one that values experience in action. Seeing patients in ICE enables you to integrate classroom learning in the context of real patients.

Always consider and be prepared to answer the following question:

**“WHAT DO YOU THINK?”**

**Look up what you are curious about.**

**Question: Will I be expected to discuss my research from the weekly learning objective with my preceptor?**

Yes. You are expected to discuss your research with your preceptor. On your attendance card, there is a box that your preceptor will initial once a discussion has taken place. Please keep your attendance card up to date. At the end of the course, these cards are collected for both attendance and number of patient learning objective discussions.

**Question: Is there a certain number of required patient learning objective discussions for each course?**

Yes. The number of required patient learning objective discussions for each course are:

MS 1 YEAR: BI (Biological Imperative) – 4                      FTB (Fueling the Body) – 5  
                  HOM (Homeostasis) – 6

MS 2 YEAR: IE/HMI (Interacting with the Environment/Host Microbe Interactions)-8  
                  HC (Human Condition)– 5

## PRESENTATION SKILLS

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**Question: Is there a preferred format for presenting cases to my preceptors?**

There is no preferred format for presenting cases to your preceptors. To promote THINKING skills, you *may* use the SNAPPS format when presenting cases to your preceptor.

### **Teaching rapidly – SNAPPS**

SNAPPS is a six step, student-driven approach to presenting a patient to the preceptor:

1. **S:** Summarize briefly the history and findings.
2. **N:** Narrow down the differential to two or three relevant possibilities.
3. **A:** Analyze the differential by comparing and contrasting the possibilities.
4. **P:** Probe the clinical teacher by asking questions about uncertainties, difficulties, or alternative approaches.
5. **P:** Plan management for the patient's medical problems.
6. **S:** Select a case-related problem for self-directed learning.



Even in year 1, an example might be...

Your preceptor asks you to evaluate a patient who comes in with a chief complaint of a fever. You should be able to identify the chief complaint, obtain a complete medical history, and with your preceptor's guidance, begin to think about *why* the patient might have a fever (*i.e., the differential diagnosis*). You should then be able to perform a complete physical exam. Following this, you can present to your preceptor. Through this method your preceptor is encouraging THINKING and pushing you to think to the next step in diagnosis and patient care.

## EXAMPLE OF SNAPPS PRESENTATION

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Step	Student Presents:	Rationale:
<b>Summarize</b>	<p><i>"This is a 20 year old college student with sore throat and fever for one week. He was in clinic four days ago and had a negative rapid test for Group A Strep. He says he feels worse now. There is no cough or other symptoms. He is otherwise generally healthy.</i></p> <p><i>His temperature here is 39, HR 90, RR 16 and BP 100/70. His pharynx is erythematous and there is white exudate on his tonsils. Several cervical lymph nodes are enlarged. I couldn't feel his spleen or liver and the rest of his examination was normal.</i></p>	<p>(The rationale for sticking to a summary is NOT to avoid thoroughness – the student still needs to obtain all the data.</p> <p>The point is to focus on what's relevant and to leave time for the rest of the presentation...)</p>
<b>Narrow the possibilities</b>	<p><i>"I suppose this could be a routine viral sore throat, or maybe a Strep infection despite the lab result. What I really think he has, though is Mono...</i></p>	<p>Again, the student is required to FOCUS. A "complete differential diagnosis" can be copied out of any textbook of primary care, but our goal is to approximate the way clinicians actually approach the task of diagnosis</p>
<b>Analyze the differential</b>	<p><i>"Well, I think pharyngitis can be caused by a variety of respiratory viruses, but usually there are other symptoms and the sore throat is better in less time. Even untreated Strep throat is usually better within a week, though I'm not sure about that...the exudate and ongoing symptoms sound most like infectious mono...</i></p>	<p>The student makes his/her thinking visible. This helps the preceptor understand what the student already knows and where he/she may benefit from more direction and study.</p>
<b>Probe the preceptor</b>	<p><i>"I'm not sure about finding an enlarged spleen on physical examination. Can you show me how you perform that part of the exam?"</i></p>	<p>This step invites the active learner to access the expertise of the mentor in ways that he/she, the learner, feels are helpful.</p>
<b>Plan management</b>	<p><i>"I think we should send a throat culture, obtain a CBC and a serological test for mono. I would encourage him to drink more but avoid alcohol.</i></p>	<p>The plan doesn't have to be correct, but does need to provide the student an opportunity to practice...how does diagnosis lead to a rational plan?</p>
<b>Select a case-related problem for further study</b>	<p><i>"I want to learn more about the role of different tests for identifying infectious mononucleosis</i></p>	<p>Linking study and literature review to a specific patient's problem facilitates learning. Compare this with a directive – in the absence of an actual case – to "read the chapter on Infectious Mononucleosis".</p>

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## QUESTIONS REGARDING ICE

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Your three main resources are:

- Your **Site Directors**, whom you will meet with formally 4 times in your MS 1 year and 2 times in your MS 2 year at your 1-on-1 site director meetings. However, they are accessible via email throughout the year.
- Our **Program Manager**: Michael Parrish. His phone number is 516-463-7531 and email is Michael.C.Parrish@hofstra.edu. Michael can direct you to the right person.
- Our Co-Director of Ambulatory Clerkships, Dr. Sunita Cheruvu (Sunita.Cheruvu@hofstra.edu).

### **Question: What if I believe that there is a mismatch between my preceptor and I or any other real-time concerns?**

If you have ANY problems or concerns related to a preceptor, you should reach out to Michael Parrish and/or Dr. Cheruvu. You may also talk to your Site Directors. They will investigate the situation and will know how to guide you.

### **Question: How are preceptors selected?**

Throughout the healthcare system, all potential preceptors are screened for suitability with the following aspects in mind:

- Preceptor comfort with hands-on student experiences, scheduling, and available office space.
- Availability for an initial on-boarding Orientation with Dr. Cheruvu.

With hundreds of community faculty there is going to be variability in personality and style of teaching. When matching preceptors and students, multiple factors are taken into consideration to maximize each student's experience in ICE. Each individual preceptor brings his/her strengths and expertise. That being said, there may be instances when a match is not exact. The ICE team is always available to help navigate any concerns.

### **Question: How are preceptors developed for this role?**

All SOM preceptors, brand new and veterans alike, partake in a variety of training and development processes throughout the academic year. These activities include, but are not limited to:

- Attending an annual meet and greet with a live training seminar.

- Annual review of the most current preceptor manual and corresponding materials.
- Participation in regular faculty development webinars.
- Receipt of weekly emails that provide preceptors with the ZSOM course syllabus each week.

### Question: How often are preceptors evaluated?

Preceptors are evaluated by students annually. Over multiple years, nearly 100% of students recommend their preceptor continue in ICE. Students are our main source of feedback.

## PATIENT LOGS

### Question: How often are the patient logs reviewed?

The patient logs need to be entered by the end of each course. See below for due dates. Spot checks are made between these deadlines as well, so it is important that your logs are accurate and up-to-date. It is important to complete these entries by the deadlines below as this information is presented to the Assessment team at the end of each course and end of the year. Grading is dependent on completion of logs.

#### MS 1:

*All logs must be entered by 11:59pm on the date they are due*

#### Summative assessment:

BI – Monday, December 20, 2021

FTB – Monday, March 21, 2022

HOM – Monday, June 20, 2022

#### MS 2:

*All logs must be entered by 11:59pm on the date they are due*

#### Summative assessment:

IE: Monday, December 20, 2021

HC: Monday, March 28, 2022

### Question: How do I log my patients?

1. The **Patient Log** can be found in one45 under “Pt/Procedure Logs” on left-side bar. There is no mobile app at this time and you must enter directly through the website. Once you click on “Pt/Procedure Logs” on left-side bar, click on “create new log entry”.

2. Entries should be made after every clinical experience.
3. The patient log is **not** HIPAA protected. Do **not** include personal health information (PHI).
4. Patient logs will be reviewed, and a gap analysis performed by the ICE Team at the completion of every course. All logs entered by the due date will be considered **FINAL**.
5. Random audit of entries will be performed. Falsification of entries will be considered a breach of academic honesty and may result in course failure and/or other consequences.
6. If you have questions, please ASK! Contact Dr. Cheruvu or Michael Parrish. You can also use the “HELP” tab in one45, which can be found in the upper left-hand corner.

## Step-by-Step Instructions for Logging Patients in ICE

1. The **Patient Log** can be found in one45 under **Pt/Procedure Logs** on left-side bar. There is no mobile app at this time and you must enter directly through the website.
2. Once you click on **Pt/Procedure Logs** on left-side bar, click on **create new log entry**.

### ICE Clinical Learning Objective Log



3. Choose the **ICE Discipline**, **Course**, and **Date of encounter**  
 (For example: If during BI, you completed an ICE Objective in your OB/GYN preceptor’s office on October 26<sup>th</sup>, you would select “ICE OBGYN,” “BI,” and “Oct 26, 2017”)

### ICE Clinical Learning Objective Log

**\*ICE Discipline:**

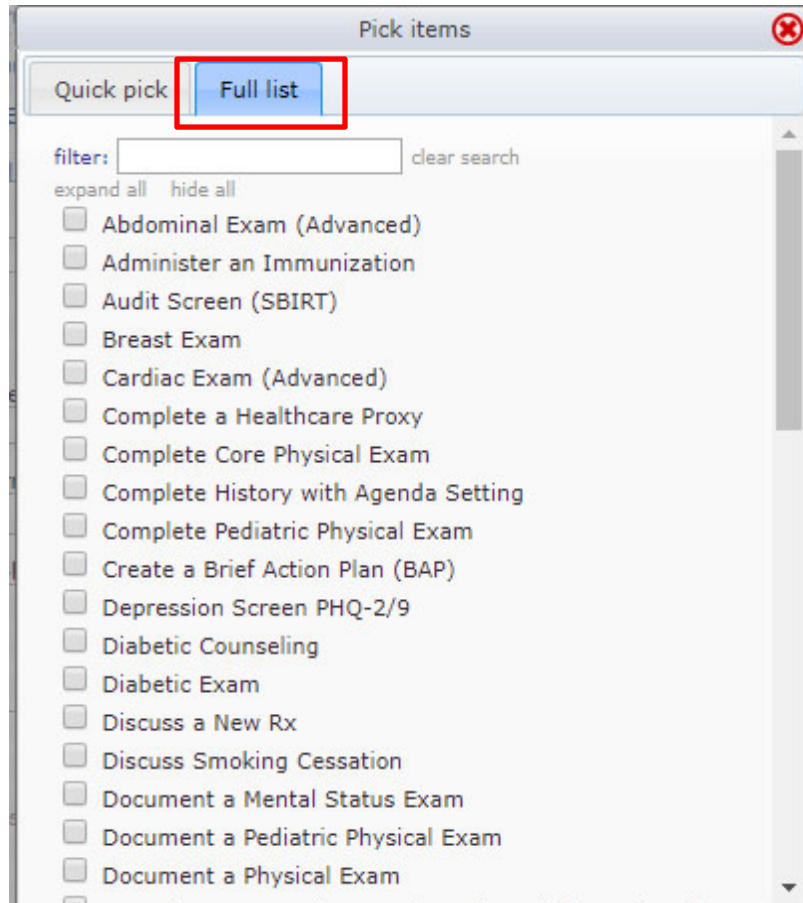
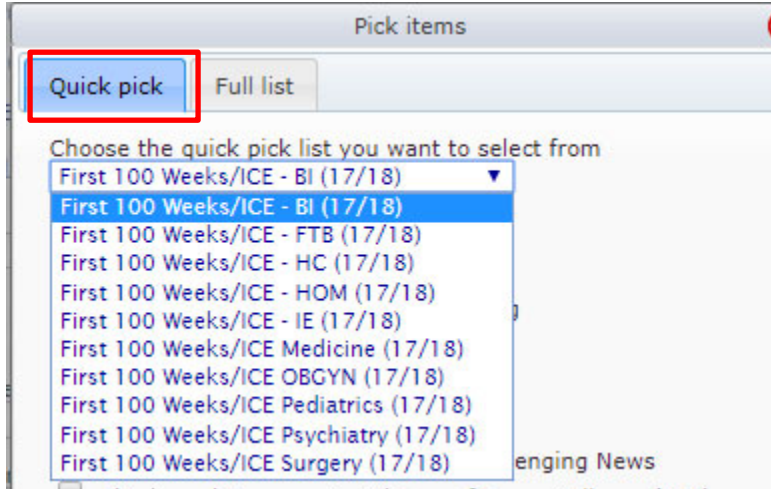
**\*Course:**

**\*Date of encounter:**

4. In the **ICE Clinical Learning Objective(s) / Task (s)** field, click **Search** first (without typing anything in the text box)

**\*ICE Clinical Learning Objective(s) / Task(s):**

You then have two options, you can select a quick pick list that separates the objectives/tasks by either course of discipline, or you can select full list to view all the objectives and tasks for the First 100 Weeks.



5. Select any objectives you completed in the ICE session you are logging. Your selections will appear in the box at the bottom. Click **Pick selected items** to confirm your selection(s).



Pick items

Quick pick Full list

Choose the quick pick list you want to select from  
First 100 Weeks/ICE - BI (17/18)

- Breast Exam
- Complete Core Physical Exam
- Complete History with Agenda Setting
- Depression Screen PHQ-2/9
- Generate a Differential Diagnosis
- Male Genitourinary Exam
- Observe Delivery of Emotionally Challenging News
- Obtain and Document a History of Present Illness (HPI)
- Pelvic Exam
- Pre-natal Visit/Post-partum Visit
- Review Preventive Guidelines - USPSTF
- Sexual History
- Thyroid Exam

Complete Core Physical Exam remove

Generate a Differential Diagnosis remove

Sexual History remove

Pick selected items

6. Continue to fill in the other fields in the form appropriately. Once you have completed the form, you are presented with four different options:

**Submit**

Commit responses.

**Submit and start new log**

Commit responses and launch a new log pre-filled with the same values.

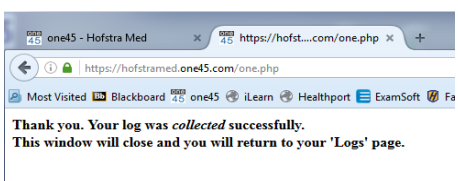
**Save and close**

Save current responses and keep log entry available in your logs tab for revision.

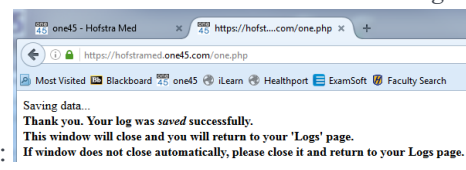
**Cancel**

Discard responses. Previously saved entries will be untouched.

Your log will be **submitted** and you will briefly receive the following screen before being returned to the Pt/Procedure log page:



Your log will be **saved, but NOT submitted**. You will receive the following screen:



You can go back to edit and submit your log from the Pt/Procedure page:

**Hofstra NSLIJ SOM Patient Encounter Log**

Create new log entry

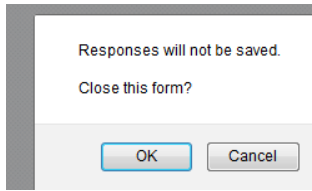
Logs started but not submitted

History :: Filled out on Apr 14, 2016 :: delete

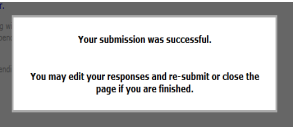
Reports

Overview

The log will **not be saved or submitted**. You will receive the following confirmation screen:



Your current log will be **submitted** and you will briefly receive the following screen. This option will reopen the log page with all fields prepopulated with your previous responses:



33 | Page

- If you would like to view your previous logs, click **Search log entries** and then **Search entries**. This will pull up all of your logs.

### ICE Clinical Learning Objective Log

[Create new log entry](#)

**Reports**

- Overview
- Search log entries**

Find log entries using these criteria

Competency item list: ICE Clinical Learning Objective(s)/Task(s) ▼

Competency items:  All competency items  Specific competency items...

Questions:  All questions  Specific questions...

Date range:  This year so far  Last year  Or specific dates...

**Search entries**

- Expectation Summaries

- To edit a specific log, click the **edit** button next to the specific log you would like to edit. This will reopen the log for edits. Please be sure to **submit** the log after you have made the edits:

ICE Clinical Learning Objective Log entries for **Test 15, Student** [print this page](#)  
As of **Aug 31 2017**

	date entered	ICE Discipline:	Course:	Date of encounter:	ICE Clinical Learning Objective(s) / Task(s):
<b>1 edit</b>	Aug 22, 2017	ICE Medicine	BI	Aug 22, 2017	Breast Exam, Complete Core Physical Exam, Complete History with Agenda Setting, Mental Status Exam, Psychiatric Interview
<b>2 edit delete</b>	Aug 30, 2017	ICE Pediatrics	IE	Aug 30, 2017	Administer an Immunization, Complete History with Agenda Setting, Complete Pediatric Physical Exam, Discuss a New Rx, HEEADSSS Screen + CRAFFT, Nutrition History and Counseling

- To access expectation grid, click “expectation summaries” and “generate summary report.”

### ICE Clinical Learning Objective Log

[Create new log entry](#)

**Reports**

- Overview
- Search log entries
- Expectation Summaries**

**Options**

Include all logs completed to date  
 Include all logs for encounters between

Report on expectations for

**Generate summary report**

# VIRTUAL MEDICINE DEADLINES, PROCESS & EXPECTATIONS

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## Virtual Medicine Deadlines, Process:

In preparing for the potential use of virtual medicine in your Initial Clinical Experience, you will be receiving correspondences about AmWell and Allscripts. AmWell is the telehealth portal utilized by most of our preceptors. Allscripts is the ambulatory (outpatient) Electronic Health Record (EHR) utilized by most of our preceptors.

**AmWell:** Once you have access to AmWell, you will be receiving emails from the ICE team on next steps with deadline dates & a booklet to familiarize yourself with.

**AllScripts:** The EHR team will be corresponding with you via your northwell email addresses. Please check them regularly. You will have iLearn modules assigned to your iLearn Profile for Allscripts which must be completed prior to a mandatory synchronous session. You are expected to complete the synchronous session which is approximately 3-hours long and run by the same team.

Class	iLearn Modules Deadline to complete*	Synchronous Session*
MS1 (ICE I)	9/22/2021	9/27, 9/28, 9/29, 9/30 (2021)
MS2 (ICE II)	N/A	9/1, 9/3, 9/7, 9/8 (2021)

\*Dates are subject to change and the ICE team will communicate with you accordingly

In either case, if you have any questions, please feel free to reach out to Michael Parrish ([Michael.C.Parrish@hofstra.edu](mailto:Michael.C.Parrish@hofstra.edu)) or Dr. Cheruvu ([Sunita.Cheruvu@hofstra.edu](mailto:Sunita.Cheruvu@hofstra.edu)).

## Expectations:

Being given access to an Electronic Health Record (EHR) comes with professional responsibilities and expectations. Any time you enter a record, it is as a clinician and confidentiality is expected. Since most of our preceptors are part of Northwell Health, it is important to know that Sunrise (our inpatient/hospital EHR) has a VIP alert built in. This alert will fire for any clinician the first time s/he accesses a VIP patient's chart during that patient's hospital stay (the VIP designation is set by Corporate Compliance). As an aside, if the clinician already has a relationship with the VIP patient defined in Sunrise (e.g. the clinician is the admitting attending physician etc), the alert will be suppressed. We understand that ICE I and II are in the ambulatory setting, but this is a piece of information that we wanted you to have.

# WEEK BY WEEK SCHEDULE

## Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

October							November							December						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
	*				1	2		1	2	3	4	5	6				1	2	3	4
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
31																				

January							February							March						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
						1			1	2	3	4	5			1	2	3	4	5
2	3*	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28						27	28*	29	30	31		
30	31																			

April							May							June						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
					1	2	1	2	3	4	5	6	7				1	2	3	4
3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11
10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18
17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25
24	25	26	27	28	29	30	29	30	31					26	27	28	29	30		

**Key**

Medicine	Surgery	RIA Week (Exams)	* Start of new course
OB/GYN	Site Director Meeting	Holiday - No instruction	
Flex Week (option of Medicine, OB/GYN, Surgery, ER, Ambulance Run, Endoscopy, Tele-Medicine, Corporate Medicine, Anesthesia, or House-Call Visit)			

**Important Dates**

<b>Sep 27</b>	Start of Course: Biological Imperative (BI)	<b>Jan 3</b>	Start of Course: Fueling the Body (FTB)
<b>Nov 25-26</b>	Thanksgiving	<b>Jan 17</b>	Martin Luther King Day
<b>Dec 10-16</b>	RIA Week (Exams)	<b>Feb 21</b>	President's Day
<b>Dec 18-Jan 2</b>	Winter Break	<b>Mar 11-17</b>	RIA Week (Exams)
		<b>Mar 18-27</b>	Spring Break
		<b>Mar 28</b>	Start of Course: Homeostasis (HOM)
		<b>May 30</b>	Memorial Day
		<b>Jun 13-17</b>	RIA Week (Exams)

# MS 1 ICE 2021-22

# Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

August						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
Su	Mo	Tu	We	Th	Fr	Sa
			1*	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26*	27	28	29	30

November						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3*	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Key	
<span style="background-color: #90EE90; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> Pediatrics	
<span style="background-color: #FF00FF; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> Medicine	
<span style="background-color: #0000FF; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> Psychiatry	
<span style="background-color: #FFD700; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> Flex Week	
<span style="background-color: #FFFF00; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> Site Director Meeting	
<span style="background-color: #808080; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> RIA Week (Exams)	
<span style="background-color: #A9A9A9; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span> Holiday - No instruction	
* Start of new course	

Important Dates					
<b>Sep 1</b>	Start of Course: Interacting with the Environment (IE)	<b>Nov 25-26</b>	Thanksgiving	<b>Jan 17</b>	Martin Luther King Day
<b>Sep 6</b>	Labor Day	<b>Dec 14-17</b>	RIA Week (Exams)	<b>Feb 21</b>	President's Day
<b>Oct 15-21</b>	RIA Week (Exams)	<b>Dec 18-Jan 2</b>	Winter Break	<b>Mar 18-25</b>	RIA Week (Exams)
<b>Oct 26</b>	Start of Course: Host Microbe Interactions (HMI)	<b>Jan 3</b>	Start of Course: Human Condition (HC)		

## MS 2 ICE 2021-22

## ASSESSMENT

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### Question: How will I be assessed in ICE?

Your assessment occurs in the following ways:

- Completion of all ICE Clinical Learning Objectives
- Completion of expected number of patient-based learning objective discussions with your preceptor
- Completion of your ICE sessions as determined by your attendance cards *at the end of each course*
- From your ICE Preceptor: Preceptor Assessment of Student
- Timely completion of your Preceptor Evaluations

Each of your ICE community preceptors will be asked to formally assess you. Please review the sample evaluation form that will be sent to you as well as the assessment form the preceptors will fill out.

### Question: When does evaluation of my preceptor occur?

You will be **formally** evaluating your preceptor at the end of the discipline specific ICE experience. In addition, you will also be meeting with your site directors over the span of the year where you will be asked about your ICE experiences. Please share with us EARLY any issues, concerns or positive feedback you may have. In your evaluation of your preceptors, we ask that comments be constructive.



# PLEASE NOTE THESE ASSESSMENTS/EVALUATIONS ARE SUBJECT TO CHANGE



Donald and Barbara Zucker School  
of Medicine at Hofstra/Northwell  
First 100 Weeks

Evaluated By: **evaluator's name**  
Evaluating : **person (role) or moment's name (if applicable)**  
Dates : **start date to end date**

\* indicates a mandatory response

## ICE Community Preceptor Assessment 2021-22 (Med/Ob/Peds)

**Preceptors: Please note that an exact copy of this completed form, including all comments, will be released to your student. As part of feedback, we expect that you will discuss this assessment with your student.**

**Please rate the following aspects of the student:**

	Never	Sometimes	Most of the time	Always
*1. This student is punctual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*2. This student communicates effectively (i.e., calls ahead to schedule or cancel an appointment, emails effectively)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*3. This student gains confidence and trust of the patient and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*4. This student is respectful of patients and others accompanying patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*5. This student demonstrates enthusiasm for learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*6. This student communicates learning needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*7. This student demonstrates self-directed learning for questions identified by student or preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*8. This student is proactive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*9. This student works well with the inter-professional team in the office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*10. This student modifies behavior based on feedback.

n/a (student never received feedback)

Never
  Sometimes
  Most of the time
  Always

\*11. The student has had the opportunity to perform the discipline specific (Pediatrics, Medicine, OB/GYN) ICE Clinical Learning Objectives.

No
  Uncertain
  Yes

If you responded "No" or "Uncertain" to question 12, please describe why:

**12. I have directly observed my student..**

\*Taking a portion (or all) of the history.

No  
 Yes

\*Performing a portion (or all) of the physical exam.

No  
 Yes

\*Comments: In light of your answers above, please describe the student's strengths with examples.

\*Comments: In light of your answers above, please describe your suggested areas for improvement for this student.

13. The ZSOM seeks to develop medical students' professionalism. Professionalism at the ZSOM is measured through the following seven dimensions: Accountability, Aspiring to Excellence, Conscientiousness, Equanimity, Integrity, Patient-Centeredness, Teamwork.

Please describe any concerns regarding this student as a member of a patient care team:

\*I have discussed this evaluation with my student.

No  
 Yes

**The following will be displayed on forms where feedback is enabled...**  
(for the evaluator to answer...)

## Question: What is RIME and how does it apply?

The RIME model<sup>1</sup> is a reliable way to descriptively assess and provide feedback to medical students on their current skill level. RIME is a classification measure of a student's progression from that of a **Reporter** to **Interpreter** to **Manager/ Educator**. These identifiers guide your preceptors thinking when listening to you as you report a patient encounter and helps them to guide their progression/thinking.

- **Reporters** can accurately gather information through history taking and physical exam, and can accurately report the information through presentations or write-ups.
- **Interpreters** understand the clinical significance of the information obtained, and can generate a short differential diagnosis and prioritize problems.
- **Managers** can generate a reasonable diagnostic plan to deal with outstanding questions and a therapeutic plan to solve problems.
- **Educators** have risen to the level where they can identify knowledge gaps in themselves and in others and effectively fill those gaps.

In ICE, you will find that you are working on all four levels simultaneously. At the beginning, you will be accurate **reporters**, but should be encouraged to **interpret** your findings and begin to think about how you would **manage** your patients. You should always be encouraged to **educate** yourselves and your patients with the help of your preceptor who can identify knowledge gaps.

<sup>1</sup> Pangaro L. A new vocabulary and other innovations for improving descriptive training evaluations. *Acad Med.* 74:1203-7.

<sup>2</sup> Alguire P, Dewitt D, Pinsky L, Ferenchick G. Teaching in your office: A guide to instructing medical students and residents, p.48. Philadelphia: American College of Physicians; 2001.

Adapted from: [http://www.atsu.edu/kcom/preceptors/professional\\_development/pdfs/rime.pdf](http://www.atsu.edu/kcom/preceptors/professional_development/pdfs/rime.pdf)



## Appendix A: Hofstra Physical Exam

<b>HOFSTRA CORE PHYSICAL EXAM</b>	
<b>Come prepared</b>	It is expected that the student wear professional attire and white coat and bring tuning fork, penlight, reflex hammer, and stethoscope to all patient encounters.
<b>Introduce self</b>	It is expected that the examiner should identify him/herself by: <ol style="list-style-type: none"> <li>1. Name</li> <li>2. Level of training</li> <li>3. The provider he/she is working with</li> <li>4. What he/she will be doing</li> </ol>
<b>Identify patient using 2-patient identifiers</b>	It is expected that the student should identify patient using name <b>and</b> DOB
<b>Communicate with your patient</b>	It is expected that an examiner communicates with the patient throughout the exam without using jargon. Be mindful to use a trauma-informed approach and to use language that is empowering to your patient and enhances the physician- patient partnership
<b>Wash hands</b>	It is expected that the student washes his/her hands before shaking the hands of the SP <b>and</b> a second time prior to physical examination <b>as applicable</b> .
<b>Examine patients from the right side and be mindful of flow</b>	It is expected that the examiner will examine the patient on the patient's right side where possible and be mindful of the flow as to minimize the patient moving up and down many times
<b>Wash hands</b>	It is expected that the student washes his/her hands with soap and water, being mindful to wash all surfaces, for at least 20 seconds before drying and shaking the hands of the SP <b>and</b> a second time prior to physical examination <b>as applicable</b> .  <i>**Please note that nails must be clean and not long to perform the physical exam.</i>
<b>VITAL SIGNS AND GENERAL APPEARANCE</b>	
<b>Physician and patient positioning: Patient should be seated in the chair with back supported and feet flat on the floor</b>	

<b>Measure blood pressure</b>	<ul style="list-style-type: none"> <li>• Arm at heart level and should be supported</li> <li>• Back should be supported</li> <li>• Arm should be bare or the patient should be wearing no more than a thin sleeve</li> <li>• Legs should be uncrossed AND feet flat on ground</li> <li>• Room should be quiet during measurement</li> <li>• Appropriately sized cuff should be used</li> </ul> <p>The student should begin by palpating the radial pulse while inflating the cuff until the pulse disappears to approximate the systolic blood pressure, and should then inflate the cuff to 30 mm Hg above this value while auscultating at least 1 cm above the antecubital fossa</p>
<b>Measure heart rate</b>	<ul style="list-style-type: none"> <li>• Measure a timed radial pulse for at least 10 seconds</li> <li>• Avoid using thumb</li> </ul>
<b>Measure respiratory rate</b>	<ul style="list-style-type: none"> <li>• Measure the respiratory rate</li> <li>• Can be done while still palpating the radial pulse</li> <li>• Try to not make patient aware until after measured as they may alter their breathing</li> </ul>
<b>Measure temperature</b>	<ul style="list-style-type: none"> <li>• Measure the oral temperature</li> <li>• Appreciate other methods (rectal, temporal, axillary, tympanic) to get this vital sign</li> </ul>
<b>Inspect hands</b>	<p>Carefully assess hands including nail beds and palms for: temperature differences</p> <ul style="list-style-type: none"> <li>• Capillary refill</li> <li>• Cyanosis</li> <li>• Clubbing</li> <li>• Arthritic changes</li> <li>• Rashes</li> <li>• Callouses</li> <li>• Nail deformities or stains</li> </ul>
<b>Ultrasound vital signs exam</b>	It is expected that the student demonstrates the common carotid artery and internal jugular vein on ultrasound
<b>HEAD AND NECK EXAM, INCLUDING CRANIAL NERVES</b>	
<i>Physician and patient positioning: Patient should be asked to sit on the exam table.</i>	
<b>Inspect head and neck</b>	<ul style="list-style-type: none"> <li>• Inspect head and neck (dermatologic --skin and hair as well as structures of the head)</li> </ul>
<b>CN II Assess visual fields</b>	<ul style="list-style-type: none"> <li>• Assess visual fields by confrontation</li> <li>• Keep fingers equidistant between the patient and the examiner.</li> </ul>
<b>CN II &amp; III Assess pupillary response</b>	<ul style="list-style-type: none"> <li>• Assess the pupillary response, including both direct and consensual response to light.</li> </ul>

<b>CN III, IV &amp; VI Assess extraocular motion</b>	<ul style="list-style-type: none"> <li>Assess extraocular motion by having the patient follow his/her finger in all directions of gaze.</li> </ul>
<b>CN V Assess facial sensation</b>	<ul style="list-style-type: none"> <li>Assess CN V sensation at three levels of the face bilaterally using light touch</li> </ul>
<b>CN V Assess motor function</b>	<ul style="list-style-type: none"> <li>Assess CN V motor function by palpating both sides of the patient's face while having the patient clench his/her jaw</li> </ul>
<b>CN VII Assess facial movement</b>	<ul style="list-style-type: none"> <li>Assess the muscles of facial movement, including the top half and bottom half of face, using the following prompts: 1) Close eyes tight ("Try to keep your eyes shut while I try to open your eye lids") 2) Smile/show teeth</li> </ul>
<b>CN VIII Assess hearing</b>	<ul style="list-style-type: none"> <li>Assess gross hearing using a finger rub near each ear</li> <li>Followed this with a simultaneous finger rub to compare hearing in both ears</li> </ul>
<b>CN IX, X, and XII Assess oral cavity and palatal elevation and tongue movement</b>	<ul style="list-style-type: none"> <li>Assess function by asking patient to open his/her mouth, say "ahh" and stick out his/her tongue.</li> <li>Inspect oral cavity for symmetry of the tongue, pharynx, sublingual area, gingiva and dentition.</li> <li>Use tongue depressor and penlight while inspecting</li> </ul>
<b>CN XI</b>	<ul style="list-style-type: none"> <li>Assess by asking patient shrug shoulder OR turn neck against resistance.</li> </ul>
<b>Examine nose using otoscope</b>	<ul style="list-style-type: none"> <li>Inspect inside nostrils for discharge, color, deviation, and polyps</li> </ul>
<b>Examine ear using otoscope</b>	<ul style="list-style-type: none"> <li>Inspect the pinna and external canal</li> <li>Visualize tympanic membrane</li> </ul>
<b>Inspect the conjunctiva and sclera</b>	<ul style="list-style-type: none"> <li>Depress both lower lids gently, to expose and inspect both the sclera and conjunctiva for pallor, icterus, injection, discharge or other abnormalities</li> </ul>
<b>CN II Performed fundoscopic exam with ophthalmoscope</b>	<ul style="list-style-type: none"> <li>Darken the room</li> <li>Approached patient at eye level</li> <li>Inspected right eye on right side and left eye on left side</li> </ul>
<b>NECK EXAM</b>	
<b>Inspect neck</b>	<ul style="list-style-type: none"> <li>Inspect neck for masses, symmetry</li> </ul>
<b>Assess ROM of cervical spine</b>	<ul style="list-style-type: none"> <li>Perform active range of motion of cervical spine in flexion, extension, rotation, and lateral bending.</li> </ul>
<b>Palpate cervical spine and paraspinal muscles</b>	<ul style="list-style-type: none"> <li>Palpate the cervical and thoracolumbar spine and paraspinal muscles for tenderness</li> </ul>

<b>Palpated lymph nodes</b>	<ul style="list-style-type: none"> <li>Palpated lymph nodes methodically, including: posterior-auricular, pre-auricular, anterior cervical, posterior cervical, sub-occipital, sub-mental, submandibular, supraclavicular regions and infraclavicular.</li> </ul>
<i>Physician and Patient Positioning: Patient pivots 90 degrees; student moves behind patient when palpating thyroid. Begin pulmonary exam posteriorly.</i>	
<b>Thyroid gland</b>	<ul style="list-style-type: none"> <li>Inspection anteriorly and/or laterally and as patient swallows</li> <li>Palpate both lobes from anterior or posterior approach and while asking patient to swallow.</li> </ul>
<b>Ultrasound HEENT exam</b>	It is expected that the student demonstrates the thyroid gland on ultrasound
<b>CHEST EXAM</b>	
<b>Expose chest</b>	<ul style="list-style-type: none"> <li>Ask patient or ask for permission to untie gown to expose chest</li> </ul>
<b>Inspect chest</b>	<ul style="list-style-type: none"> <li>Begin the examination of the chest with inspection</li> </ul>
<b>Assess respiratory excursion</b>	<ul style="list-style-type: none"> <li>Assess by placing hands properly on posterior chest and measured with full inspiratory and expiratory effort</li> </ul>
<b>Assess tactile fremitus</b>	<ul style="list-style-type: none"> <li>Ask the patient to say "99" and compare sensation side to side in ladder like configuration</li> <li>Do this in at least 3 different levels AND mid-axillary line</li> </ul>
<b>Percuss lung fields</b>	<ul style="list-style-type: none"> <li>Percuss all lung field in at least 3 levels AND mid-axillary lines</li> <li>Compare sounds from left versus right side</li> </ul>
<b>Auscultate for breath sounds posteriorly</b>	<ul style="list-style-type: none"> <li>Ask patient to take full breaths with mouth open</li> <li>Auscultate lung fields in at least 3 levels AND mid axillary lines</li> <li>Compare sounds from left versus right side</li> </ul>
<b>Ultrasound chest exam</b>	It is expected that the student demonstrates diaphragmatic excursion on ultrasound
<i>Physician and Patient Positioning: Patient continues to sit upright; examiner moves to the front of the patient.</i>	
<b>Auscultate for breath sounds anteriorly</b>	<ul style="list-style-type: none"> <li>Ask patient to take full breaths with mouth open</li> <li>Auscultate lung fields in at least 3 levels AND mid axillary lines</li> <li>Compare sounds from left versus right side</li> </ul>

<b>CARDIOVASCULAR EXAM</b>	
<i>Physician and patient positioning: Patient leans forward</i>	
<b>Auscultate aortic and pulmonic areas</b>	<ul style="list-style-type: none"> <li>Auscultate in aortic and pulmonary areas at end of expiration.</li> </ul>
<i>Physician and Patient Positioning: Patient should now be instructed to recline to 30 degrees from horizontal or the level that allows the apex of venous pulsations to be visualized; student stands at right side of patient. It may be appropriate to readjust the position of the head of the bed after JVP has been measured and venous pulsations observed. You may want to pull out the foot rest for patient comfort.</i>	
<b>Inspect neck for jugular venous pulsations</b>	<ul style="list-style-type: none"> <li>Inspecting the patient's venous pulses on the right side of his/her neck</li> <li>Identifying the apex of venous pulsations</li> </ul>
<b>Auscultate carotid arteries</b>	<ul style="list-style-type: none"> <li>Auscultate the carotid arteries bilaterally</li> </ul>
<b>Inspect and Palpate the precordium</b>	<ul style="list-style-type: none"> <li>Inspect observations of the precordium</li> <li>Palpate the precordium and attempt to identify the point of maximal impulse (PMI), heaves and/or presence of thrills</li> </ul>
<b>Time cardiac cycle</b>	<ul style="list-style-type: none"> <li>Simultaneously auscultate for S1 and palpate carotid pulse using diaphragm of stethoscope and auscultating at apex.</li> </ul>
<b>Auscultate heart sounds</b>	<ul style="list-style-type: none"> <li>Auscultate the heart in at least 6 different locations, pausing to appreciate the individual heart sounds: S1, S2 This may take several minutes to perform properly</li> </ul>
<b>Re-tie gown</b>	Following the cardiac exam, the student offer to assist the patient in re-tying his or her gown.
<b>Ultrasound cardiac exam</b>	It is expected that the student demonstrates apical four chamber view on ultrasound
<i>Physician and Patient Positioning: The table should now be lowered to horizontal and patient placed in left lateral decubitus position.</i>	
<b>Auscultate heart sounds and feel for PMI if not appreciated previously</b>	<ul style="list-style-type: none"> <li>Student auscultate the chest wall in left lateral decubitus using the bell</li> <li>If the PMI was not appreciated previously, it may be felt in left lateral decubitus position</li> </ul>

<i>Physician and Patient Positioning: Patient should now be placed fully recumbent position on back. May ask patient to bend needs for comfort when examining abdomen.</i>	
<b>ABDOMINAL EXAM</b>	
<b>Drape abdomen</b>	<ul style="list-style-type: none"> <li>Ask for patient's permission and offer/drape the patient before inspecting the abdomen</li> </ul>
<b>Inspect abdomen</b>	<ul style="list-style-type: none"> <li>Begin with inspection (observing for contour, distention, venous pattern, masses, and scars)</li> </ul>
<b>Auscultate bowel sounds and bruits</b>	<ul style="list-style-type: none"> <li>Auscultate the abdomen in the midline superior to the umbilicus for bowel sounds and an aortic bruit</li> <li>Auscultate laterally over both renal arteries</li> </ul>
<b>Percuss liver span and spleen</b>	<ul style="list-style-type: none"> <li>Percuss the liver, measuring span in mid-clavicular line above and below liver</li> <li>Percuss for the spleen in Traube's space to assess for splenomegaly</li> </ul>
<b>Palpate abdomen</b>	<ul style="list-style-type: none"> <li>Palpate using both light and deep touch in all four (4) quadrants.</li> </ul>
<b>Palpate the liver</b>	<ul style="list-style-type: none"> <li>Palpate the liver along right costal margin in inspiration and expiration</li> </ul>
<b>Palpate the spleen</b>	<ul style="list-style-type: none"> <li>Palpate the spleen along left lower costal margin bimanually while patient in right lateral decubitus position</li> </ul>
<b>Assess ROM of hip and knee joints (*this is not part of the abdominal exam it is part of the MSK exam)</b>	<ul style="list-style-type: none"> <li>Assess active range of motion in flexion, extension, and internal and external rotation as appropriate and mindful of modesty</li> </ul>
<b>Ultrasound abdominal exam</b>	It is expected that the student demonstrates the liver and spleen tip on ultrasound
<i>Physician and patient positioning: Patient returns to seated position</i>	
<b>Lower extremity exam</b>	
<b>Inspect lower extremities</b>	<ul style="list-style-type: none"> <li>Begin the exam of the lower extremities with inspection</li> </ul>
<b>Palpate pulses</b>	<ul style="list-style-type: none"> <li>Palpate the posterior tibial and dorsalis pedis pulses bilaterally, comparing side to side</li> </ul>
<b>Palpate for edema</b>	<ul style="list-style-type: none"> <li>Systematically palpate each foot and ankle for any evidence of swelling</li> </ul>



<b>MUSCULOSKELETAL AND NEUROLOGICAL EXAM</b>	
<b>Assess Sensation in upper body and lower body</b>	<ul style="list-style-type: none"> <li>Use light touch on upper and lower extremities bilaterally</li> </ul>
<b>Assess motor strength in upper body</b>	<ul style="list-style-type: none"> <li>Ask patient to flex and extend upper arm, forearm, wrist, and fingers in each upper extremity while resisting patient movement to assess strength.</li> </ul>
<b>Assess motor strength in lower body</b>	<ul style="list-style-type: none"> <li>Ask patient to flex AND extend the hip, knee, and ankle in each lower extremity individually while resisting patient movement to assess strength.</li> </ul>
<b>Assess reflexes in upper body</b>	<ul style="list-style-type: none"> <li>Assess the following UE reflexes bilaterally: biceps, triceps and brachioradialis.</li> <li>Ask the patient to completely relax when eliciting reflexes</li> </ul>
<b>Assess reflexes in lower body</b>	<ul style="list-style-type: none"> <li>Assess the following lower extremity reflexes: patellar and Achilles.</li> <li>Distraction may help with the patellar reflexes</li> <li>Ask the patient to completely relax when eliciting reflexes</li> </ul>
<b>Assess coordination</b>	<ul style="list-style-type: none"> <li>Perform at least one of the following: finger-to-nose, heel-knee-shin, tapping finger or alternating hand to assess coordination</li> </ul>
<b>Assess proprioception</b>	<ul style="list-style-type: none"> <li>Assess proprioception via position sense by moving the 1st MTP up and down while holding the toe on either side</li> </ul>
<b>Ultrasound MSK exam</b>	It is expected that the student demonstrates quadriceps tendon and the suprapatellar recess on ultrasound.
<b>Physician and Patient Positioning: Patient should be asked to stand.</b>	
<b>Assess alignment and ROM of thoracolumbar spine</b>	<ul style="list-style-type: none"> <li>Assess alignment by palpation of the thoracolumbar vertebrae</li> <li>Assess range of motion through active flexion, extension, rotation, and lateral bending</li> </ul>
<b>Examine gait</b>	Assess gait/coordination by having the patient: <ul style="list-style-type: none"> <li>walk normally</li> <li>on his/her toes</li> <li>on his/her heels</li> <li>tandem</li> </ul>

## APPENDIX B: GOALS OF OB/GYN ICE

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**Over the course of the obstetrical and gynecologic ICE experience we would hope that you will be able to:**

- Interview and examine patients in the office
- Be exposed to a variety of obstetrical and gynecologic patients:
  - Well women screening exams
  - Gynecologic problems as they present themselves
  - Obstetrical patients presenting for routine pre-natal care
  - Obstetrical patients presenting with a complaint or problem
- Attempt to identify and follow a longitudinal obstetrical patient, affording the opportunity to participate in the delivery (for which they can miss mandatory class time).
- Participate in the care of an obstetrical patient on the labor and delivery unit
  - Observe and/or participate in a C-section and normal delivery
  - Observe the initial evaluation of the newborn
- Participate in the care of the patient in the gynecology surgery unit
  - Observe a laparoscopy
- Understand the common screening and diagnostic tests used in both obstetrics and gynecology, for example;
  - PAP test
  - Endometrial biopsy
  - Mammogram
  - Ultra screen
  - Amniocentesis
  - Level II sonogram
- Procedures that you can be exposed to and/or develop the skill of:
  - Use of the Doppler to evaluate the fetal heart tones
  - Use of the speculum to facilitate a gynecologic exam
  - Ability to perform a PAP test
  - Use of trans vaginal sonography to augment the physical examination
  - Ability to perform a breast and pelvic exam



## APPENDIX C: OBSTETRICS VISIT GUIDE

This obstetrics guide was written by an ob-gyn, Dr. Robert Scanlon. It was created with the goal to guide you at pre-natal visits depending on the gestational age of the pregnant female you are evaluating.

GESTATIONAL WEEKS	TASKS TO DO	PEARLS
Initial pregnancy evaluation 6-10 weeks	<ul style="list-style-type: none"> <li>Complete history and physical</li> <li>Record baseline weight, BP, urine dip</li> <li>Perform transvaginal sonogram</li> <li>PAP test if indicated</li> <li>Order prenatal labs</li> <li>Discuss genetic testing options</li> <li>Prescribe prenatal vitamins if patient not already on them</li> </ul>	Symptoms (typically caused by high progesterone levels) <ul style="list-style-type: none"> <li>Nausea and vomiting</li> <li>Constipation</li> <li>Breast tenderness</li> <li>Fatigue</li> </ul>
12-14 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Review results from testing ordered at Initial pregnancy visit</li> </ul>	Symptoms as above, typically nausea and vomiting is getting better
16-18 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Review results of testing</li> <li>Order anatomy ultrasound</li> </ul>	<ul style="list-style-type: none"> <li>Symptom of urinary frequency may have developed</li> <li>Now that nausea and vomiting typically has resolved, it is time to discuss diet and the goal of a total weight gain for approximately 30#</li> </ul>
20-22 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Review anatomy ultrasound</li> </ul>	Ask about fetal movement, most patients begin to feel it at this time
24-26 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Review Order gestational diabetes screening test (glucola)</li> <li>Order blood count (H&amp;H)</li> <li>If patient is Rh negative, order antibody screen</li> </ul>	<ul style="list-style-type: none"> <li>Ask about fetal movement</li> <li>Discuss signs and symptoms of premature labor</li> <li>Discuss normal “stretching” pain</li> <li>Discuss “Braxton Hicks” contractions</li> </ul>
28-30 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Review results of tests ordered last visit</li> <li>Administer Rhogam if indicated</li> </ul>	<ul style="list-style-type: none"> <li>Ask about fetal movement</li> <li>Ask about signs and symptoms of premature labor</li> <li>Explain the need for Rhogam if indicated</li> </ul>
30-32 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Determine the position of the baby by palpation</li> <li>Become conscious of the size of the baby</li> </ul>	<ul style="list-style-type: none"> <li>Movement?</li> <li>Contractions?</li> <li>Discuss a labor plan</li> <li>Ask about a pediatrician</li> <li>Discuss breastfeeding as an option</li> </ul>

32-34 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Evaluate position and size of the baby</li> </ul>	<ul style="list-style-type: none"> <li>Movement?</li> <li>Contractions?</li> <li>Explain that visits will become more frequent to confirm normal BP and the fetal position</li> </ul>
34-35 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Evaluate position and size</li> </ul>	<ul style="list-style-type: none"> <li>Movement?</li> <li>Contractions?</li> <li>Discuss the concept of a mucus plug and a bloody show</li> </ul>
35-36 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Evaluate position and size</li> <li>Perform Group B strep (GBS) vaginal culture</li> </ul>	<ul style="list-style-type: none"> <li>Movement?</li> <li>Contractions?</li> <li>Mucus?</li> <li>Bleeding?</li> <li>Explain purpose of GBS culture</li> </ul>
36-37 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Evaluate position and size</li> <li>Review results of GBS culture</li> </ul>	<ul style="list-style-type: none"> <li>Movement/contractions/mucus/bleeding?</li> <li>If GBS positive, explain the need for antibiotic in labor</li> <li>Make sure patient has a plan for labor, where to go, with whom, etc..</li> </ul>
37-38 weeks	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Evaluate position and size</li> </ul>	<ul style="list-style-type: none"> <li>Movement/contractions/mucus/bleeding?</li> </ul>
38-39 weeks Beyond...	<ul style="list-style-type: none"> <li>Review weight, BP, urine dip</li> <li>Evaluate size and position</li> </ul>	<ul style="list-style-type: none"> <li>Movement/contractions/mucus/bleeding?</li> <li>Explain the concept of a due date as the period one is expected to delivery in</li> <li>Talk about what is meant by the term post-term</li> <li>Discuss the management for a post-term pregnancy</li> </ul>

# THE PROFESSIONAL MEDICAL STUDENT

Cultivating these attributes in professionalism as a student will lay the foundation for your career in medicine!

## 7 DIMENSIONS OF PROFESSIONALISM

### #1 ACCOUNTABILITY

A quality or state of being accountable/responsible

DO: Be Punctual, complete tasks, communication schedule changes

DON'T: Be late, forget to follow up on tasks, make last minute scheduling changes



### #2 ASPIRING TO EXCELLENCE

Exemplify the quality of being outstanding or extremely good

DO: Strive for excellence in your acquisition of medical knowledge & humanism

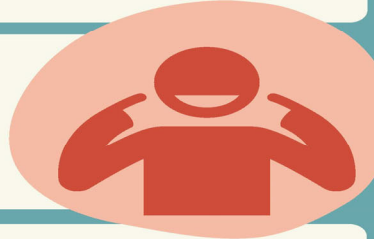
DON'T: Settle for doing the bare minimums

### #3 CONSCIENTIOUSNESS

The desire to do tasks well and take obligations seriously

DO: Communicate learning needs and concerns, dress in a professional manner\*

DON'T: Forget to ask for feedback and make modifications in real-time



### #4 EQUANIMITY

Mental calmness, composure, and evenness of temper

DO: Separate strong feelings from actions

DON'T: React, only respond

### #5 INTEGRITY

The quality of being honest and having strong moral principles

DO: Be honest about what you were able to achieve

DON'T: Fabricate findings/results



### #6 PATIENT CENTEREDNESS

Qualities of compassion, empathy, & responsiveness to the needs, values, & expressed preferences of the individual patient

DO: Advocate for your patient

DON'T: Allow your patient to be mistreated, discuss personal/political views/opinions (except when relevant to patient)

### #7 TEAMWORK

An effective/efficient combined action of a group of people

DO: Inquire about expectations

DON'T: Minimize your role as a medical student

